

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, WA**

To: Podiatrists
Orthopedic Surgeons
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 02-20 MAA
Issued: May 28, 2002
For information, call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Clarification of MAA's Billing Policy Regarding Podiatric Services

The purpose of this memorandum is to clarify the Medical Assistance Administration's (MAA) current billing policy regarding podiatric services in the Physician-Related Services Billing Instructions, dated November 2001.

Podiatric Services

- MAA reimburses podiatrists for state-unique codes 1600L, 1602L, and 1603L only when they are billed with one of the following modifiers: (RT) or (LT).

State-Unique Code	Modifier	Description/Limits
1600L	RT or LT	Single fabricated orthotic; MAA allows 2 units per client, per calendar year. Limited to 1 unit per date of service. Do not bill in combination with 1601L .
1601L	No Modifier	Pair fabricated orthotic; Must include fabrication for both right and left. Limited to 1 unit per calendar year. Do not bill in combination with 1600L .
1602L	RT or LT	Impression casting, each foot; MAA allows 2 units per client, per calendar year. Limited to 1 unit per date of service. Do not bill in combination with 1604L .
1603L	RT or LT	Prefabricated orthotic (attach invoice if over \$50.00); 2 units per client, per calendar year. Do not bill in combination with 1600L or 1601L .
1604L	No Modifier	Impression casting custom shoes; Must include impression for both feet. Limited to 1 unit per calendar year. Do not bill in combination with 1602L .

- Providers **must** use an appropriate procedure code with the word "pair" in the description when billing for fabrications, casting, or impressions for both feet.



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